

Williamsburg Community Pool

Family/Individual Last Name(s) _____

First Names:

_____ Age _____ Age _____
_____ Age _____ Age _____
_____ Age _____ Age _____
_____ Age _____ Age _____

Address _____

E-mail(s) _____

Phone _____ Phone _____

Best Method to Contact You: _____

**Please e-mail a copy of this form to wmsbg.community@gmail.com and bring a printed copy with you on your first visit to the pool.

OFFICE USE ONLY			
Member Number			
DATE	AMOUNT	METHOD	MISC.

TYPE OF MEMBERSHIP

- Family \$330 Couple \$255
 Single \$170 10-Visit Pass \$120
 New Family \$310 Senior Discount 10%

HOW DID YOU HEAR ABOUT US?

